

Notified 10-28-93 as CS Generator



KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
BUREAU OF WASTE MANAGEMENT
FORDS FIELD, TOPEKA, KANSAS 66620



R00077888
RCRA Records Center



HAZARDOUS WASTE GENERATOR/TRANSPORTER
COMPLIANCE INSPECTION CHECKLIST

General	<input type="checkbox"/> Routine <input checked="" type="checkbox"/> Complaint
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EPA ID KS0000040329 Time 1:30pm Date 10-17-96

Facility Name Murphy's Transportation District NEDD

Street 900 S. 66 Terr. City Kansas City, Kansas ZIP 66112

Mailing Address (if different than above) _____

County Wyandotte Phone (913) 287-1811

Contact(s) Terry Murphy

Inspector(s) Claudia Elkins + Jim Fischer

Type of Business Diesel truck repair Number Employees 7-8

Has the company declared any information/processes as trade secrets (KSA 65-3447)? No
If yes, explain:

Industrial Wastes Generated

(List hazardous wastes first)

Waste:	Parts washer solvent	Spent lead/acid batteries
If waste is hazardous give HW ID Number:	D001	D002 / D008
Amount generated per month:	none - Consumed	
Amount presently in storage:	none	± 10
Accumulation time:	—	
Present disposal methods:	Consumed - will call Barton Solvent if disposal required	Exchanged with Supplier - Carquest

Waste:	Shop rags	Freon
If waste is hazardous give HW ID Number:	Potential	Potential
Amount generated per month:	—	—
Amount presently in storage:	—	—
Accumulation time:	—	—
Present disposal methods:	Picked up by AAA linen every Monday	recovered/reused

Waste:	used motor oil	anti freeze
If waste is hazardous give HW ID Number:	—	—
Amount generated per month:	Varies	—
Amount presently in storage:	± 300 gal.	none
Accumulation time:	—	—
Present disposal methods:	Safety-Kleen Corp.	re used

Waste:	tires	
If waste is hazardous give HW ID Number:		
Amount generated per month:		
Amount presently in storage:	± 100	
Accumulation time:		
Present disposal methods:	Picked up by Firestone	

Waste:		
If waste is hazardous give HW ID Number:		
Amount generated per month:		
Amount presently in storage:		
Accumulation time:		
Present disposal methods:		

Waste:		
If waste is hazardous give HW ID Number:		
Amount generated per month:		
Amount presently in storage:		
Accumulation time:		
Present disposal methods:		

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Waste:		
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Present disposal methods:		

Waste:		
If waste is hazardous give HW ID Number:		
Amount generated per month:		
Amount presently in storage:		
Accumulation time:		
Present disposal methods:		

General Requirements (GGR)

YES NO

1. Has the facility evaluated all potentially hazardous waste(s) to determine if it is hazardous? (KAR 28-31-4(b)/40 CFR 261.2) *Knowledge* ☒ ☐
- (a) If waste(s) was tested, was the analysis conducted by a laboratory certified by KDHE? (KAR 28-31-4(b)(3)(A)) ☐ ☐
- (b) If waste(s) was tested, are the results kept for three years? (KAR 28-31-4(f)(1)(C)) ☐ ☐
2. If hazardous waste(s) is disposed of via the sanitary sewer to a Publicly Owned Treatment Works (POTW), has written permission been obtained from the operator of the POTW? (KAR 28-31-3/40 CFR 261.4) *NA* ☐ ☐
3. If industrial waste(s) is disposed of at a permitted sanitary landfill, has a disposal authorization been obtained? (KAR 28-29-108(r)(11)(12)) *NA* ☐ ☐
- (a) If yes, list the authorization number(s): _____
4. Facility size classification:
- ☐ Not a Generator ☒ Small Qty. Generator ☐ KS Generator
- ☐ EPA Generator ☐ T/S/D Facility ☐ Transporter
- ☐ HW Burner/Marketer ☐ Used oil Burner/Marketer

Haz. Waste Determination Requirements: ☒ Compliance ☐ Non-Compliance ☐ NA**Notification of Requirements (GGR)**


5. Has generator notified KDHE and obtained an EPA Identification Number? (KAR 28-31-4(c)) *NA* ☐ ☐
6. Is current notification accurate? (KAR 28-31-4(c)(1)) ☐ ☒
- (a) Is this facility marketing (selling) hazardous waste as a fuel? ☐ ☒
- (b) Is this facility marketing (selling) used oil as a fuel? ☐ ☒
- (If yes, to question a or b, complete Used Oil Fuel Marketers Blenders Checklist.)
- (c) Is this facility burning hazardous waste as a fuel? ☐ ☒
- (d) Is this facility burning used oil as a fuel? ☐ ☒
- (e) Is facility managing/handling universal waste(s)? ☐ ☒
- (If yes, to question e, complete Universal Waste Management Checklist)

Notification Requirements: ☒ Compliance ☐ Non-Compliance ☐ NA

(small quantity generator not accumulating, stop here)

Appendix C

RECEIVED

<p>Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).</p>		<h2>Notification of Regulated Waste Activity</h2> <p>KANSAS DEPARTMENT OF HEALTH & ENVIRONMENT</p>	<p>Date Received (For Official Use Only)</p> <p>OCT 22 1996</p> <p>KOHE EAST DISTRICT</p>		
<p>I. Installation's EPA ID Number (Mark 'X' in the appropriate box)</p> <table style="width:100%;"> <tr> <td style="width:50%;"> <input type="checkbox"/> A. First Notification </td> <td style="width:50%;"> <input checked="" type="checkbox"/> B. Subsequent Notification (complete item C) </td> </tr> </table>				<input type="checkbox"/> A. First Notification	<input checked="" type="checkbox"/> B. Subsequent Notification (complete item C)
<input type="checkbox"/> A. First Notification	<input checked="" type="checkbox"/> B. Subsequent Notification (complete item C)				
<p>II. Name of Installation (Include company and specific site name)</p> <p>MURPHY'S TRANSPORTATION SERVICES</p>		<p>C. Installation's EPA ID Number</p> <p>K50000040329</p>			
<p>III. Location of Installation (Physical address not P.O. Box or Route Number)</p> <p>Street</p> <p>900 S 66TH TERR</p> <p>City or Town</p> <p>KANSAS CITY</p> <p>State</p> <p>KS</p> <p>Zip Code</p> <p>66111</p> <p>County Code</p> <p>388</p> <p>County Name</p> <p>WYANDOTTE</p>					
<p>IV. Installation Mailing Address (See instructions)</p> <p>Street or P.O. Box</p> <p>900 S 66TH TERR</p> <p>City or Town</p> <p>KANSAS CITY</p> <p>State</p> <p>KS</p> <p>Zip Code</p> <p>66111</p>					
<p>V. Installation Contact (Person to be contacted regarding waste activities at site)</p> <p>Name (last)</p> <p>MURPHY</p> <p>(first)</p> <p>TERRY</p> <p>Job Title</p> <p>PRESIDENT</p> <p>Phone Number (area code and number)</p> <p>913-287-1811</p>					
<p>VI. Installation Contact Mailing Address (See instructions)</p> <p>A. Contact Address Location Mailing Other</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>B. Street or P.O. Box</p> <p>900 S 66TH TERR</p> <p>City or Town</p> <p>KANSAS CITY</p> <p>State</p> <p>KS</p> <p>Zip Code</p> <p>66111</p>					
<p>VII. Ownership (See instructions)</p> <p>A. Name of Installation's Legal Owner</p> <p>900 S 66TH TERR TERRY MURPHY</p> <p>Street, P.O. Box, or Route Number</p> <p>900 S 66TH TERR</p> <p>City or Town</p> <p>KANSAS CITY</p> <p>State</p> <p>KS</p> <p>Zip Code</p> <p>66111</p> <p>Phone Number (area code and number)</p> <p>913-287-1811</p> <p>B. Land Type</p> <p>P</p> <p>C. Owner Type</p> <p>P</p> <p>D. Change of Owner (Date Changed) Month Day Year</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>					

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity		B. Used Oil Recycling Activities
1. Generator (See Instructions) <input type="checkbox"/> Greater than 1000 kg/mo (2200 lbs) <input type="checkbox"/> 25 to 1000 kg/mo (55-2200 lbs) <input checked="" type="checkbox"/> Less than 25 kg/mo (55 lbs)	<input type="checkbox"/> 3. Treater, Storer, Disposer (at installation). Note: A permit is required for this activity. (See instructions.) <input type="checkbox"/> 4. Hazardous Waste Fuel <input type="checkbox"/> a. Generator Marketing to Burner <input type="checkbox"/> b. Other Marketers <input type="checkbox"/> c. Boiler and/or Industrial Furnace (Burner) <input type="checkbox"/> 1. Smelter/Deferral <input type="checkbox"/> 2. Small Quantity Exemption Indicate Type of Combustion Device: <input type="checkbox"/> 1. Utility Boiler <input type="checkbox"/> 2. Industrial Boiler <input type="checkbox"/> 3. Industrial Furnace <input type="checkbox"/> 5. Underground Injection Control	1. Used Oil Fuel Marketer <input type="checkbox"/> a. Marketer Directs Shipment of Used Oil to Off-Specification Burner <input type="checkbox"/> b. Marketer Who First Claims the Used Oil Meets the Specifications 2. Used Oil Burner - Indicate Type(s) of Combustion Device(s) <input type="checkbox"/> a. Utility Boiler <input type="checkbox"/> b. Industrial Boiler <input type="checkbox"/> c. Industrial Furnace <input type="checkbox"/> d. Oil Fired Space Heater 3. Used Oil Transporter - Indicate Type(s) of Activity(ies) <input type="checkbox"/> a. Transporter <input type="checkbox"/> b. Transfer Facility 4. Used Oil Processor/Re-Refiner - Indicate Type(s) of Activity(ies) <input type="checkbox"/> a. Process <input type="checkbox"/> b. Re-refine
2. Transporter (Indicate Mode) <input type="checkbox"/> For own waste only <input type="checkbox"/> For commercial purposes Mode of Transportation <input type="checkbox"/> Air <input type="checkbox"/> Rail <input type="checkbox"/> Highway <input type="checkbox"/> Water <input type="checkbox"/> Other-specify 		

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles.

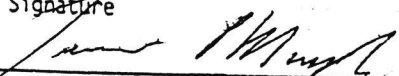
1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. Toxicity Characteristic (List specific EPA hazardous waste number(s) for the Toxicity Characteristic contaminants)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div style="display: flex; gap: 5px;"><div style="border: 1px solid black; padding: 2px;">D018</div><div style="border: 1px solid black; padding: 2px;">D039</div><div style="border: 1px solid black; padding: 2px;"> </div><div style="border: 1px solid black; padding: 2px;"> </div><div style="border: 1px solid black; padding: 2px;"> </div><div style="border: 1px solid black; padding: 2px;"> </div><div style="border: 1px solid black; padding: 2px;"> </div><div style="border: 1px solid black; padding: 2px;"> </div></div>

B. Listed Hazardous Wastes (F, K, P, U listed wastes).

1 <div style="border: 1px solid black; padding: 2px;">F001</div>	2 <div style="border: 1px solid black; padding: 2px;"> </div>	3 <div style="border: 1px solid black; padding: 2px;"> </div>	4 <div style="border: 1px solid black; padding: 2px;"> </div>	5 <div style="border: 1px solid black; padding: 2px;"> </div>	6 <div style="border: 1px solid black; padding: 2px;"> </div>
7 <div style="border: 1px solid black; padding: 2px;"> </div>	8 <div style="border: 1px solid black; padding: 2px;"> </div>	9 <div style="border: 1px solid black; padding: 2px;"> </div>	10 <div style="border: 1px solid black; padding: 2px;"> </div>	11 <div style="border: 1px solid black; padding: 2px;"> </div>	12 <div style="border: 1px solid black; padding: 2px;"> </div>
13 <div style="border: 1px solid black; padding: 2px;"> </div>	14 <div style="border: 1px solid black; padding: 2px;"> </div>	15 <div style="border: 1px solid black; padding: 2px;"> </div>	16 <div style="border: 1px solid black; padding: 2px;"> </div>	17 <div style="border: 1px solid black; padding: 2px;"> </div>	18 <div style="border: 1px solid black; padding: 2px;"> </div>
19 <div style="border: 1px solid black; padding: 2px;"> </div>	20 <div style="border: 1px solid black; padding: 2px;"> </div>	21 <div style="border: 1px solid black; padding: 2px;"> </div>	22 <div style="border: 1px solid black; padding: 2px;"> </div>	23 <div style="border: 1px solid black; padding: 2px;"> </div>	24 <div style="border: 1px solid black; padding: 2px;"> </div>

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature 	Name and Official Title (type or print) President	Date Signed 10.18.96
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XI. Comments

MAIL COMPLETED FORM TO:

KANSAS DEPARTMENT OF HEALTH & ENVIRONMENT
BUREAU OF WASTE MANAGEMENT
FORBES FIELD, BLDG. 740
TOPEKA, KS 66620-0001



OCT 24 1996

Hazardous Waste Compliance
Monitoring and Enforcement LogFORM
A

CEI 10 days

HANDLER

SQG

LDF ()

TSF ()

GEN ()

KG ()

SQ (X)

TRA ()

ID Number:

HWM ()

HWB ()

UOM ()

UOB ()

NOT A GEN ()

Handler Name:

Newton Radiator Service

AT
FTN/A
11-5-96CL
RCRIS11-5-96
N/A

11-20-96

Street:

120 West 17th Street

City:

Newton

67114

County:

Harvey

EVALUATION

New ☒

Followup: Date (on site)

☐☐☐

Date (of letter)

☐☐☐Delete ☐

Date

96 10 10

Agency

S

Type

CEI

Reason

00

Person

GLP

District

SC

Areas of Evaluation (EV - Evaluted, NE - Not Evaluted, NA - Not Applicable)

Generator		Transporter		Treatment/Storage/Disposal Facility								Other			
GER	<input type="checkbox"/>	GPT	<input type="checkbox"/>	TGR	<input type="checkbox"/>	DCH	<input type="checkbox"/>	DGW	<input type="checkbox"/>	DMC	<input type="checkbox"/>	DPP	<input type="checkbox"/>	BRR	<input type="checkbox"/>
GGR	<input type="checkbox"/>	GRR	<input type="checkbox"/>	TMR	<input type="checkbox"/>	DCL	<input type="checkbox"/>	DIN	<input type="checkbox"/>	DMR	<input type="checkbox"/>	DSI	<input type="checkbox"/>	CAS	<input type="checkbox"/>
GLB	<input type="checkbox"/>	GSC	<input type="checkbox"/>	TOR	<input type="checkbox"/>	DCP	<input type="checkbox"/>	DLB	<input type="checkbox"/>	DOR	<input type="checkbox"/>	DTR	<input type="checkbox"/>	CSS	<input type="checkbox"/>
GMR	<input type="checkbox"/>	GSQ	<input checked="" type="checkbox"/>	TRR	<input type="checkbox"/>	DFR	<input type="checkbox"/>	DLF	<input type="checkbox"/>	DOT	<input type="checkbox"/>	DTT	<input type="checkbox"/>	FEA	<input type="checkbox"/>
GOR	<input type="checkbox"/>			TWD	<input type="checkbox"/>	DGS	<input type="checkbox"/>	DLT	<input type="checkbox"/>	DPB	<input type="checkbox"/>	DWP	<input type="checkbox"/>	ILD	<input type="checkbox"/>

Used Oil

UOM

☐

UOB

☐

UTM

☐

SUM

☐

SUB

☐

COMMENTS

96 INSP. / NO VIOLATIONS CITED.

VIOLATION #		Date Determined							
New	<input type="checkbox"/>	Change	<input type="checkbox"/>	Delete	<input type="checkbox"/>	Comments			
Agency	Number	Area	Class	Priority	Type				
S									
Regulation Citation:									
Description:						Returned to Compliance			
						Scheduled: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
						Actual: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			

VIOLATION #		Date Determined							
New	<input type="checkbox"/>	Change	<input type="checkbox"/>	Delete	<input type="checkbox"/>	Comments			
Agency	Number	Area	Class	Priority	Type				
S									
Regulation Citation:									
Description:						Returned to Compliance			
						Scheduled: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
						Actual: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			

VIOLATION #		Date Determined							
New	<input type="checkbox"/>	Change	<input type="checkbox"/>	Delete	<input type="checkbox"/>	Comments			
Agency	Number	Area	Class	Priority	Type				
S									
Regulation Citation:									
Description:						Returned to Compliance			
						Scheduled: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
						Actual: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			

VIOLATION #		Date Determined							
New	<input type="checkbox"/>	Change	<input type="checkbox"/>	Delete	<input type="checkbox"/>	Comments			
Agency	Number	Area	Class	Priority	Type				
S									
Regulation Citation:									
Description:						Returned to Compliance			
						Scheduled: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
						Actual: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			

Facility Name:

Newton Radiator Service

Hazardous Waste Compliance Monitoring and Enforcement Log

FORM
B

ID Number:

Handler Name:

VIOLATION # **Date Determined**

New ☐ Change ☐ Delete ☐ Comments

Agency Number Area Class Priority Type

Regulation Citation:

Description: Returned to Compliance

Scheduled:

Actual:

VIOLATION # **Date Determined**

New ☐ Change ☐ Delete ☐ Comments

Agency Number Area Class Priority Type

Regulation Citation:

Description: Returned to Compliance

Scheduled:

Actual:

VIOLATION # **Date Determined**

New ☐ Change ☐ Delete ☐ Comments

Agency Number Area Class Priority Type

Regulation Citation:

Description: Returned to Compliance

Scheduled:

Actual:

VIOLATION # **Date Determined**

New ☐ Change ☐ Delete ☐ Comments

Agency Number Area Class Priority Type

Regulation Citation:

Description: Returned to Compliance

Scheduled:

Actual:

VIOLATION # **Date Determined**

New ☐ Change ☐ Delete ☐ Comments

Agency Number Area Class Priority Type

Regulation Citation:

Description: Returned to Compliance

Scheduled:

Actual:

VIOLATION # **Date Determined**

New ☐ Change ☐ Delete ☐ Comments

Agency Number Area Class Priority Type

Regulation Citation:

Description: Returned to Compliance

Scheduled:

Actual:

ENFORCEMENT

New ☐ Change ☐ Delete ☐

Date

Number

Agency

Type

District

Person

COVERED VIOLATIONS

Agency	Violation Number	Area
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Agency	Violation Number	Area
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Agency	Violation Number	Area
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Comments:

NOTICE OF COMPLIANCE/NON-COMPLIANCE

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
Division of Environment
Waste Management-ProgramHazardous Waste: Complaint() LDF() TSF() GEN() KG() SQX() TRA() UOM() UOB() NOT A GEN()
Solid Waste: Complaint() SLF() TRF() ILF() CDL() HHW() OBS() UOS() WTT() WTP() WTM() YWC() MED()TO: NEWTON RADIATOR SERVICE 10/10/96
Facility Name Date
120 W 17th St. NEWTON KANSAS 67114 316-283-7553
Address City State Zip Code
EPA Identification No. Solid Waste Permit No.

This inspection was conducted to determine compliance with the state and federal solid and hazardous waste statutes and regulations.

☐ Violations As Follows☒ No Violations IdentifiedCitationDescription of Violation☒ Other Comments/Concerns:Paint area needs to be cleaned up. Any paint overspray should be
containerized & a hazardous waste determination made.This notice is provided to call immediate attention to those areas of non-compliance. This notice does not constitute a compliance order issued by KDHE and may not be a complete listing of all violations which may be identified as a result of this inspection. Your facility must submit in writing within 30 days of receipt of this notice a description of all corrective actions taken and/or a schedule for completion of necessary corrective actions to be taken. Any corrective actions taken by your facility will be considered in subsequent enforcement follow-up.

Your response must be submitted to:

Kansas Department of Health and Environment
Bureau of District Operation
Waste Management Programs
130 S Market Suite 6050
Wichita, Kansas 67202-3802

If you have any questions concerning this Notice or wish to discuss your response, you may call me at (316) 337-6020 or Bureau of Waste Management in the Topeka Office at (913) 296-1604.

This Notice was prepared by

Gil Perez, BDO, Wichita
Date 10/10/96

I, the undersigned hereby acknowledge that I have received and read this Notice.

Printed
Name: TAM HUSHBECK
Signature: [Signature]
Title: Owner
Date: 10/10/96



KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
BUREAU OF WASTE MANAGEMENT
FORBES FIELD, TOPEKA, KANSAS 66620



HAZARDOUS WASTE GENERATOR/TRANSPORTER
COMPLIANCE INSPECTION CHECKLIST

General

☐ Routine ☐ Complaint

EPA ID SQG Time 11:00 am Date 10 Oct 96

Facility Name Newton Radiator Serv. District South Central

Street 120 W. 17th Street City Newton, Kansas ZIP 67114

Mailing Address (if different than above) na

County Harvey 079 Phone (316) 283-7553

Contact(s) Thomas Hushbeck, Owner

Inspector(s) Gil Perez, Env. Tech.

Type of Business Radiator Repair Number Employees 1

Has the company declared any information/processes as trade secrets (KSA 65-3447)? no
If yes, explain:

Industrial Wastes Generated

(List hazardous wastes first)

Waste:	<u>Waste Caustic Rinse</u>	<u>Waste Paint Rel. Mat'l.</u>
If waste is hazardous give HW ID Number:	<u>D002</u>	<u>D001, F003</u>
Amount generated per month:	<u>* Drag-out only</u>	<u>* Overspray area</u>
Amount presently in storage:	<u>none</u>	<u>none</u>
Accumulation time:	<u>na</u>	<u>na</u>
Present disposal methods:	<u>* Radiators are cleaned off</u>	<u>* Painting area is caked</u>

w/ high pressure water
spray w/ rinsate to POTW

w/ overspray.
(see pictures).

General Requirement

GGR)

YES NO

1. Has the facility evaluated all potentially hazardous waste(s) to determine if it is hazardous? (KAR 28-31-4(b)/40 CFR 261.2) ☒ ☐
- (a) If waste(s) was tested, was the analysis conducted by a laboratory certified by KDHE? (KAR 28-31-4(b)(3)(A)) ☐ ☐ *NA*
- (b) If waste(s) was tested, are the results kept for three years? (KAR 28-31-4(f)(1)(C)) ☐ ☐ *NA*
2. If hazardous waste(s) is disposed of via the sanitary sewer to a Publicly Owned Treatment Works (POTW), has ~~written~~ permission been obtained from the operator of the POTW? *POTW is aware of high pH effluent.* ☒ ☐
3. If industrial waste(s) is disposed of at a permitted sanitary landfill, has a disposal authorization been obtained? (KAR 28-29-108(r)(11)(12)) ☐ ☐ *NA*
- (a) If yes, list the authorization number(s): _____
4. Facility size classification:
- ☐ Not a Generator ☒ Small Qty. Generator ☐ KS Generator
- ☐ EPA Generator ☒ T/S/D Facility ☐ Transporter
- ☐ HW Burner/Marketer ☐ Used oil Burner/Marketer

Haz. Waste Determination Requirements: ☒ Compliance ☐ Non-Compliance ☐ NA

Notification of Requirements (GGR)

5. Has generator notified KDHE and obtained an EPA Identification Number? (KAR 28-31-4(c)) ☐ ☒
6. Is current notification accurate? (KAR 28-31-4(c)(1)) ☐ ☐ *NA*
- (a) Is this facility marketing (selling) hazardous waste as a fuel? ☐ ☐
- (b) Is this facility marketing (selling) used oil as a fuel? ☐ ☐
- (If yes, to question a or b, complete Used Oil Fuel Marketers Blenders Checklist.)
- (c) Is this facility burning hazardous waste as a fuel? ☐ ☐
- (d) Is this facility burning used oil as a fuel? ☐ ☐
- (e) Is facility managing/handling universal waste(s)? ☐ ☐
- (If yes, to question e, complete Universal Waste Management Checklist)

Notification Requirements: ☐ Compliance ☐ Non-Compliance ☒ NA

(small quantity generator not accumulating, stop here)

Additional Information for Inspection / Investigation

KDHE - Bureau of District Operations - Waste Management Programs

Facility: Newton Radiator Service
Address: 120 West 17th Street

Contact: Thomas Hushbeck, Owner
Tele: (316) 283 - 7553

I conducted a routine inspection of Newton Radiator Service on October 10, 1996. According to Mr. Thomas Hushbeck, facility owner, this is a one man operation in business for about 14 years. He averages between 50 and 100 radiator repairs per month. He also stated that he plans to retire and close the business sometime next year.

The operation is simple, consisting of a caustic bath for cleaning out the radiators and a tank of water/rust inhibitor for rinsing. The radiators are first placed in the caustic bath for about one hour, then removed and any residual drag-out is removed via high-pressure water spray with rinsate routed to the Newton POTW.

Next, the radiators are dipped into the water/rust inhibitor tank and allowed to drain above the tank. Soldering repairs take place over this tank with excess solder collected for recycle.

After the radiators dry they are spray painted black. The painting area is coated with paint overspray and I entered a comment on the Notice of Compliance/Non-Compliance to have this area cleaned up and any accumulation handled as a potential hazardous waste.

This facility is categorized as a small quantity generator, however, I told Mr. Hushbeck that when the business is closed, there will be waste removal issues which he will need to address. At the time of inspection, there was no significant accumulation of hazardous wastes, however, should the tanks' sludges be removed, the status would likely change to Kansas generator.

According to Mr. Hushbeck, antifreeze drained from radiators is placed back into the vehicle's cooling system after repairs. A large percentage of the radiators brought into this shop are already removed from the vehicle and do not contain any antifreeze.

The shop floor is constructed in such a manner that any rupture, spillage or leakage from the tanks would be routed to the sanitary sewer. I contacted the City of Newton Water Dept. & Engineering Dept. to have them make their own assessment of this facility as it relates to the city services offered there.

Another issue addressed at this facility was the storage of several old (antique) automobile body frames between buildings and immediately east of this facility. The area is overgrown with small trees and underbrush. It has become a dumping area for small amounts of household trash. I told Mr. Hushbeck it would be appropriate for him to limit access of the public to the area and to begin a general clean up or face the possibility of it becoming a target for more open dumping. He said he would begin cleaning up the area would consider fencing to limit access.

G. Perez, BDO, Wichita



Newton Water Dept Contact: Jim Flores 316-284-6080

Newton Engr Dept Contact: Brad Vannocker 316-284-6025

PHOTO MOUNTING SHEET

Name of Facility/Site: Newton Radiator

EPA ID #/Legal Desc.: SQG

City/County/Zip: Newton / Harvey / 67114

Telephone: 316-283-7553

Picture Number: #1

Time/Date: 11 am / 10-10-96

Direction Faced: ESE

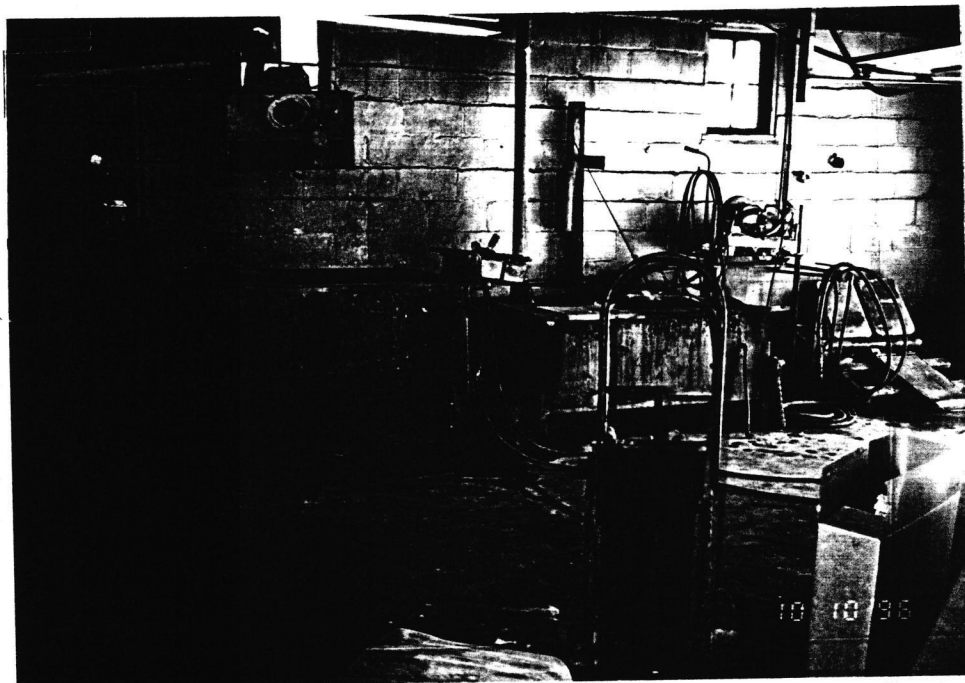
Weather Conditions: na (indoor)

Camera: 35MM # 50174

Comments: Tank on left is
H₂O/Rust Inhibitor
Tank on Right is
Caustic tank.

Soldering operation occurs
over left tank - solder
is collected for metal
recovery.

Taken By: Gil Perez



Picture Number: #2

Time/Date: 11 am / 10-10-96

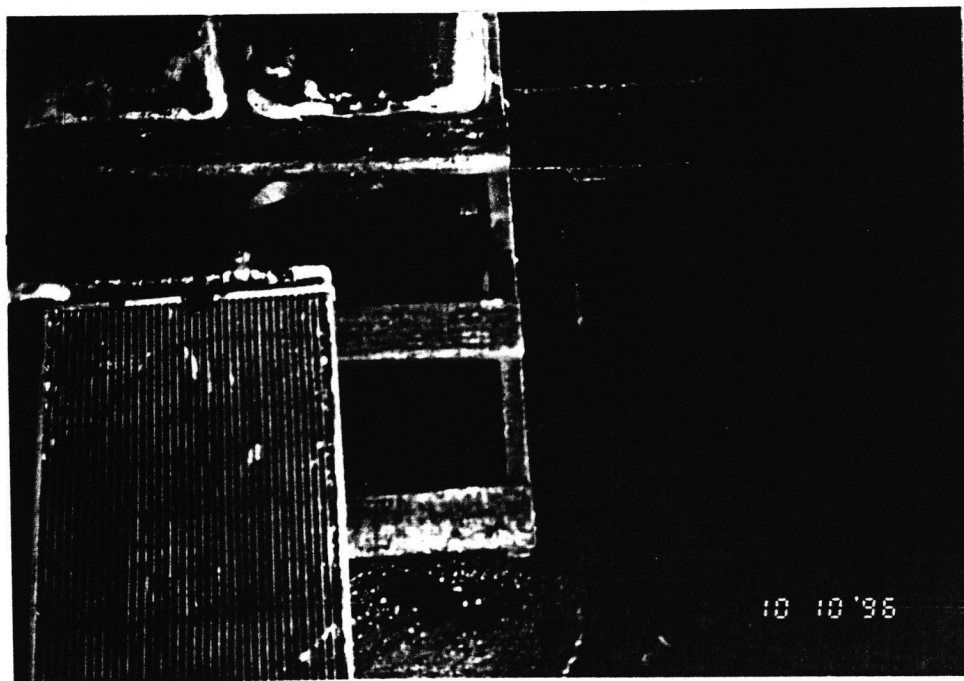
Direction Faced: E

Weather Conditions: na

Camera: 35MM # 50174

Comments: Sump/drain
is located in SE corner
of shop. Caustic
solution is rinsed off
radiator & enters City
sanitary sewer system.

Taken By: Gil Perez

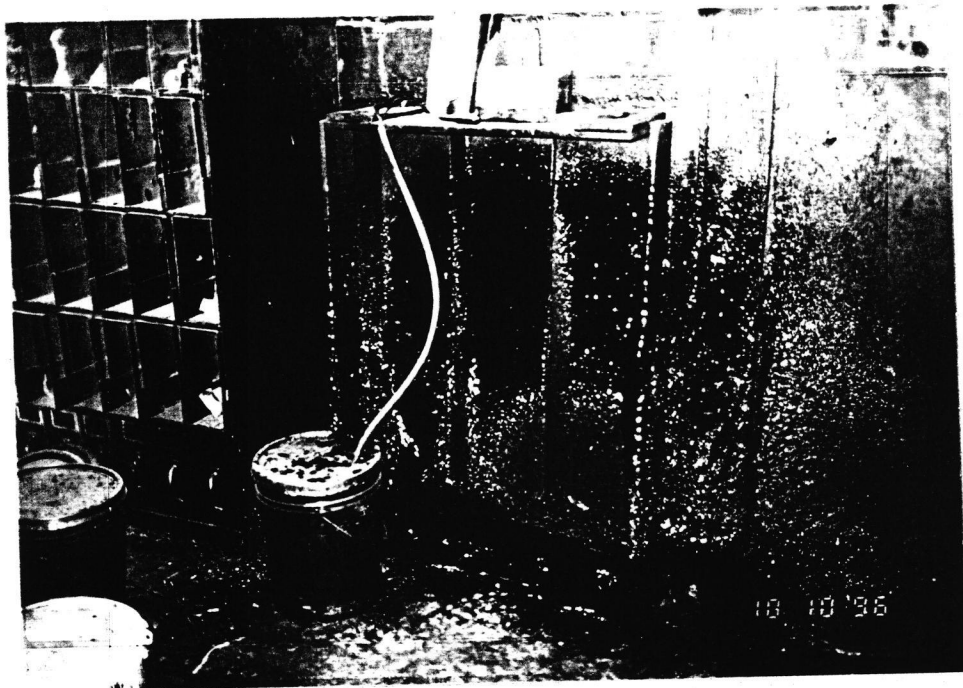


DEPARTMENT OF HEALTH & ENVIRONMENT
Division of Environment

PHOTO MOUNTING SHEET

Name of Facility/Site: Newton Radiator
EPA ID #/Legal Desc.: SQG
City/County/Zip: Newton / Harvey / 67114
Telephone: 316-283-7553

Picture Number: #3
Time/Date: 11:30 a / 10-10-96
Direction Faced: NE
Weather Conditions: na (indoor)
Camera: 35MM # 50174
Comments: Paint area is
coated with overspray.
I asked Mr Hushbeck
to clean it up &
gather paint residue
into a container &
make a waste determination
(see NDC)
Taken By: Gil Perez



Picture Number: #4
Time/Date: 11:30 a / 10-10-96
Direction Faced: South
Weather Conditions: Sunny
Camera: 35MM # 50174
Comments: Area between
buildings just east of
shop has dense foliage
& auto parts/carcasses
stored there. Also,
some trash items.

Taken By: Gil Perez





OCT 30 1996

Hazardous Waste Compliance
Monitoring and Enforcement LogFORM
A

CEI

9 dump

11-5-96

R¹¹

HANDLER

ID Number: KS 0000040329 LDF () TSF () GEN () KG () SQ ☒ TRA ()
HWM () HWB () UOM () UOB () NOT A GEN ()Handler Name: Murphy Transportation, Inc. AT 11-5-96 CL 11-5-96
FT 11-5-96 RCRIS 11-7-96

Street: 900 S. 66 Terr. City: Kansas City County: Wyandotte

EVALUATION New ☒ Followup: Date (on site) ☐ ☐ ☐ Date (of letter) ☐ ☐ ☐ ☐ Delete ☐

Date 9 6 10 17 Agency S Type CEI Reason 04 Person CAE District NE

Areas of Evaluation (EV - Evaluted, NE - Not Evaluted, NA - Not Applicable)

Generator		Transporter		Treatment/Storage/Disposal Facility				Other	
GER <input type="checkbox"/>	GPT <input type="checkbox"/>	TGR <input type="checkbox"/>		DCH <input type="checkbox"/>	DGW <input type="checkbox"/>	DMC <input type="checkbox"/>	DPP <input type="checkbox"/>	BRR <input type="checkbox"/>	
GGR <input type="checkbox"/>	GRR <input type="checkbox"/>	TMR <input type="checkbox"/>		DCL <input type="checkbox"/>	DIN <input type="checkbox"/>	DMR <input type="checkbox"/>	DSI <input type="checkbox"/>	CAS <input type="checkbox"/>	
GLB <input type="checkbox"/>	GSC <input type="checkbox"/>	TOR <input type="checkbox"/>		DCP <input type="checkbox"/>	DLB <input type="checkbox"/>	DOR <input type="checkbox"/>	DTR <input type="checkbox"/>	CSS <input type="checkbox"/>	
GMR <input type="checkbox"/>	GSQ <input checked="" type="checkbox"/>	TRR <input type="checkbox"/>		DFR <input type="checkbox"/>	DLF <input type="checkbox"/>	DOT <input type="checkbox"/>	DTT <input type="checkbox"/>	FEA <input type="checkbox"/>	
GOR <input type="checkbox"/>		TWD <input type="checkbox"/>		DGS <input type="checkbox"/>	DLT <input type="checkbox"/>	DPB <input type="checkbox"/>	DWP <input type="checkbox"/>	ILD <input type="checkbox"/>	

Used Oil UOM ☐ UOB ☐ UTM ☐ SUM ☐ SUB ☐

COMMENTS No violations on date of inspection.

Facility Name:

Murphy Transportation Inc.

VIOULATION #	Date Determined					
New <input type="checkbox"/>	Change <input type="checkbox"/>	Delete <input type="checkbox"/>	Comments <input type="checkbox"/>			
Agency	Number	Area	Class	Priority	Type	
S						
Regulation Citation:						
Description:						
Returned to Compliance						
Scheduled: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>						
Actual: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>						

VIOULATION #	Date Determined					
New <input type="checkbox"/>	Change <input type="checkbox"/>	Delete <input type="checkbox"/>	Comments <input type="checkbox"/>			
Agency	Number	Area	Class	Priority	Type	
S						
Regulation Citation:						
Description:						
Returned to Compliance						
Scheduled: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>						
Actual: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>						

VIOULATION #	Date Determined					
New <input type="checkbox"/>	Change <input type="checkbox"/>	Delete <input type="checkbox"/>	Comments <input type="checkbox"/>			
Agency	Number	Area	Class	Priority	Type	
S						
Regulation Citation:						
Description:						
Returned to Compliance						
Scheduled: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>						
Actual: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>						

VIOULATION #	Date Determined					
New <input type="checkbox"/>	Change <input type="checkbox"/>	Delete <input type="checkbox"/>	Comments <input type="checkbox"/>			
Agency	Number	Area	Class	Priority	Type	
S						
Regulation Citation:						
Description:						
Returned to Compliance						
Scheduled: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>						
Actual: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>						

Hazardous Waste Compliance Monitoring and Enforcement Log

FORM
B

ID Number: KS0000040329

Handler Name: Murphy Transportation Inc.

VIOLATION # _____ Date Determined

New ☐ Change ☐ Delete ☐ Comments

Agency Number Area Class Priority Type

Regulation Citation: _____

Description: _____ Returned to Compliance

Scheduled:

Actual:

VIOLATION # _____ Date Determined

New ☐ Change ☐ Delete ☐ Comments

Agency Number Area Class Priority Type

Regulation Citation: _____

Description: _____ Returned to Compliance

Scheduled:

Actual:

VIOLATION # _____ Date Determined

New ☐ Change ☐ Delete ☐ Comments

Agency Number Area Class Priority Type

Regulation Citation: _____

Description: _____ Returned to Compliance

Scheduled:

Actual:

VIOLATION # _____ Date Determined

New ☐ Change ☐ Delete ☐ Comments

Agency Number Area Class Priority Type

Regulation Citation: _____

Description: _____ Returned to Compliance

Scheduled:

Actual:

VIOLATION # _____ Date Determined

New ☐ Change ☐ Delete ☐ Comments

Agency Number Area Class Priority Type

Regulation Citation: _____

Description: _____ Returned to Compliance

Scheduled:

Actual:

VIOLATION # _____ Date Determined

New ☐ Change ☐ Delete ☐ Comments

Agency Number Area Class Priority Type

Regulation Citation: _____

Description: _____ Returned to Compliance

Scheduled:

Actual:

ENFORCEMENT

New ☐ Change ☐ Delete ☐

Date Number Agency Type District Person

COVERED VIOLATIONS

Agency	Violation Number	Area	Agency	Violation Number	Area	Agency	Violation Number	Area
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Comments: No violations on date of inspection



NOTICE OF COMPLIANCE/NON-COMPLIANCE

Page 1 of 1

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
Division of Environment
Waste Management Program

Hazardous Waste: Complaint ☒ LDF() TSF() GEN() KG() SQ() TRA() UOM() UOB() NOT A GEN()
Solid Waste: Complaint ☐ SLF() TRF() ILF() CDL() HHW() OBS() UOS() WTT() WTP() WTM() YWC() MED()

TO: Murphy's Transportation 10/17/96
Facility Name Date
900 S. 66 Terr. Kansas City KS 66112
Address City State Zip Code

KS00000640329

EPA Identification No.

Solid Waste Permit No.

This inspection was conducted to determine compliance with the state and federal solid and hazardous waste statutes and regulations.

☐ Violations As Follows

☒ No Violations Identified

Citation

Description of Violation

☐ Other Comments/Concerns:

This notice is provided to call immediate attention to those areas of non-compliance. This notice does not constitute a compliance order issued by KDHE and may not be a complete listing of all violations which may be identified as a result of this inspection. Your facility must submit in writing within NA days of receipt of this notice a description of all corrective actions taken and/or a schedule for completion of necessary corrective actions to be taken. Any corrective actions taken by your facility will be considered in subsequent enforcement follow-up.

Your response must be submitted to:

Kansas Department of Health and Environment
Bureau of District Operation
Waste Management Programs
800 West 24th Street
Lawrence, Kansas ~~67046~~ 66046

If you have any questions concerning this Notice or wish to discuss your response, you may call me at (913) 842-4600 or Bureau of Waste Management in the Topeka Office at (913) 296-1604.

This Notice was prepared by

Claudia Elkins

Date 10/17/96

I, the undersigned hereby acknowledge that I have received and read this Notice.

Printed

Name: Terry Murphy

Signature: Terry Murphy

Title: President

Date: 10/17/96

10/16/96

08:46

9

96 8909

KDHE HAZ WAST

→→→ NEDO LAWRENCE

001/001

**KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
DIVISION OF ENVIRONMENT
BUREAU OF DISTRICT OPERATIONS**

REFERRAL FORM

This form is to be completed on All complaints, correspondence, and required investigations referred to the district offices. Send

form to the DISTRICT. Correspondence should be attached to this form.

BODO REFERENCE # 101509 NED 1300

☒ Complaint

☐ Correspondence

☐ Other:

Time Rec'd: 3PM

Person Rec'ing: EPA - Ron Smith

Date Rec'd: 10/15/96

Organization of Person Rec'ing: BWM

Example: USEPA/Region 7/ Water Compliance, KDHE/Office of Sec., KDHE/BOW

Source: ☒ Telephone ☐ Written ☐ Others (Specify):

Received From (Name): Anonymous

Address:

City:

Phone #

Day:

Night:

Name of Person/Facility: Murphy Transportation, Inc.

Address: 900 S. 66th. Terrace

City: Kansas City, Kansas

Legal:

SE1/4,

TWP:

Range:

County:

Other Directions:

Description: (Please describe the complaint, concern or issue to be addressed by this referral)

Haz. Waste/Waste Water: Facility dumping oil, coolant, solvents, etc. down floor drain. Floor drain may go to sanitary sewer.

Referred:

Time

Date

By: Ron Smith

Sent: 8:30AM

Sent: 10/16/96

To: DEA

Rec'd:

Rec'd:

Action Required:

Deadline:

☐ FYI

☐ Response Required

☒ Investigation Required

☐ Other(Specify)

Response: (When response is completed, complete this section, date and sign. Return a

On 10-17-96 investigated complaint. No violations were found. Report to follow.

Date

10-17-96

Name

Claudia Elkins

Bureau of District Office staff directory is listed on other side. Please refer to list for contact person.

C BODO TOPEKA

10/16/96

CC: J. Coleman
R. Fox
R. Smith
T. Mitchell

October 28, 1996

Investigation Summary

Anonymous complaint of hazardous waste dumped down the floor drain at Murphy Transportation, Inc. located at 900 S 66th Terrace, Kansas City, Kansas.

Date of investigation October 17, 1996

Investigation performed by:

Claudia Elkins
NEDO

Jim Fischer
NEDO

Murphy Transportation is a diesel truck repair facility. It is a small facility which employs 7-8 persons. The facility has a notification (KS0000040329) on file as a Kansas generator.

Jim and I met with owner Terry Murphy and toured the facility. The facility owns a small parts washer. A 55 gallon drum of solvent, used in the parts washer, was supplied by Barton Solvents. Mr. Murphy said his employees use the washer so little that the solvent evaporates between use. Oil filters are drained in a drum and disposed in the trash. Batteries are supplied by Car Quest and the old ones are exchanged for new ones. There were approximately 100 race car tires stored on the south side of the building and Firestone removes them from time to time. Shop rags are picked up and laundered by AAA Linen, Kansas City Kansas, every Monday. Regular trash is picked up by BFI. The facility has a freon recovery unit and several of the employees, including Mr. Murphy, are certified to operate the machine.

We then discussed the wastewater disposal practices for the facility. The facility is connected to the city sanitary sewer. There are floor drains in the shop area which lead to a grease trap. Mr. Murphy said he has been at this location three years and has not had the trap pumped out in that time. We suggested it might be time to pump out the trap.

Conclusion:

There were no violations found at the facility. Safety-Kleen originally serviced the parts washer and the facility notified as a Kansas generator. It was determined that the facility should be classified as a small quantity generator. Mr. Murphy was asked to submit a subsequent notification of regulated waste activity. Refer to the attached copy.

Claudia Elkins
NEDO

claudia\hw\murphy

CAE
10-28-96